

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>JD</i>	<i>32</i>	<i>6/12/00</i>
FORMALITY REVIEW	<i>FD</i>	<i>71557</i>	<i>8/9/00</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral) ..... Canceled                      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

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APPLICANT  
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APPLICANTS

TITLE

David  
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Form PTO-436A  
(Rev. 6/89)

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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